LLR ICB 5 Year Plan (Pledges 1 & 2)

Public Health and Health Integration Scrutiny Commission

Date of meeting: 09/07/2024

Lead director/officer: Mark Pierce

Useful information

- Ward(s) affected: N/A
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- Report version number: v1.0

1. Summary

This report and associated presentation slides (appendix 1) have been produced to stimulate a discussion among members of the Leicester City Public Health and Health Integration Scrutiny Commission and provide a better understanding of the situation and plan for pledges 1 & 2 of the LLR ICB 5-Year Plan - https://leicesterleicestershireandrutland.icb.nhs.uk/about/leicester-leicestershire-and-rutland-five-year-plan/

Pledge 1 of the LLR ICB 5-Year Plan is to improve the health of the deprived communities and narrow the gap between those who have the best and worst health. Pledge 2 is to spend more money on preventing people becoming ill in the first place.

2. Recommendation(s) to scrutiny:

Public Health and Health Integration Scrutiny Commission are invited to:

- Receive for information and discussion

3. Detailed report

The LLR ICB 5-Year Plan sets out how NHS services will be delivered up to 2028 in Leicester, Leicestershire and Rutland (LLR). It has been produced by the LLR Integrated Care Board, which brings together all the NHS organisations in the local area. These NHS organisations – covering hospitals, community services, physical health and mental health care – have all contributed to the Plan.

The NHS is not alone in trying to improve people's health and wellbeing. The NHS works with a large number of partner organisations, such as local councils, charities and community groups, to create the conditions for better health. In quarter 2 of 2024/25, there will be the establishment of a 'Prevention and Inequality Steering Group' by the City Council with partner's input.

The Plan, therefore, links into an overarching piece of work, the LLR Health and Wellbeing Partnership Integrated Care Strategy, where all these organisations have come together to see how we can best improve care and people's health and wellbeing.

The LLR vision is: Working together for everyone in Leicester, Leicestershire and Rutland to have healthy, fulfilling lives. The Plan takes a life course approach and supports our shared aims to give people the best start in life, keep them healthy and well, to live and be supported well, and, eventually, to die well. This is aligned with the Health & Wellbeing Strategies of each of the three places across LLR.

The Plan is underpinned by 13 pledges. These are specific outcomes we aim to deliver over the next 5 years and have been developed from what people have told us are important to them.

This report focusses on the first two pledges within the Plan. Pledge 1 is to improve the health of the deprived communities and narrow the gap between those who have the best and worst health. We will do this by;

- Using a number of ways, including making improved use of data available to us to better understand communities, matching our spending better to the needs of different communities, and training staff to help reduce health inequalities.

Pledge 2 is to spend more money on preventing people becoming ill in the first place. We will do this by:

- Working with partner organisations on issues such as improving air quality and vaccination uptake
- Detecting diseases such as cancer, earlier
- Provide appropriate support for those with long term conditions, for example, stroke and cardiac rehabilitation.

Pledge 1 – Focussing on this is important to us. There are stark gaps in health equity across LLR. A boy born today in our most deprived area could be expected to die up to nearly nine years earlier than a boy born in the least deprived area. Furthermore, people from less affluent areas will be spending a greater proportion of their (often shorter) lives in poor health compared to people from more affluent parts of our area.

Improving health equity is a core priority for the LLR ICS/ICB. Our programme of work to improve health equity is guided by 12 principles set out in our LLR Health Inequalities Strategic Framework - Better Care For All. Our focus is on addressing the five priorities in the 2021/22 and 2022/23 NHS Operational Planning Guidance:

Priority 1: Restoring NHS services inclusively
Priority 2: Mitigating against 'digital exclusion'
Priority 3: Ensuring datasets are complete and timely
Priority 4: Accelerating preventative programmes
Priority 5: Strengthening leadership and accountability.

We will reduce healthcare inequalities through the delivery of actions across all service areas, aligned to the CORE20PLUS5 approach for adults (Figure 1) and for children and young people (Figure 2).

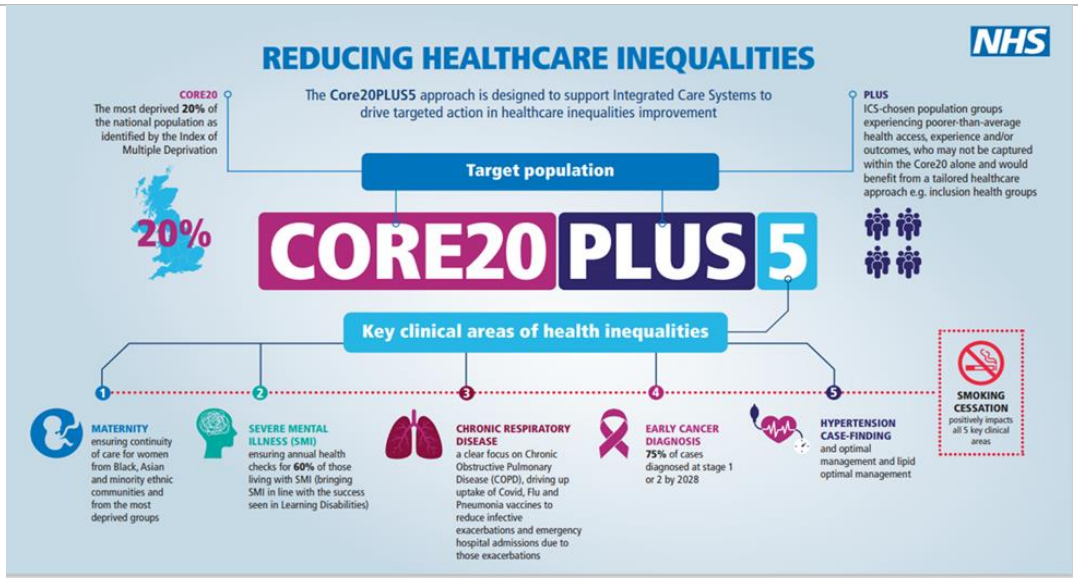

Figure 1: *Reducing Healthcare Inequalities - CORE20PLUS5 (Adults)*

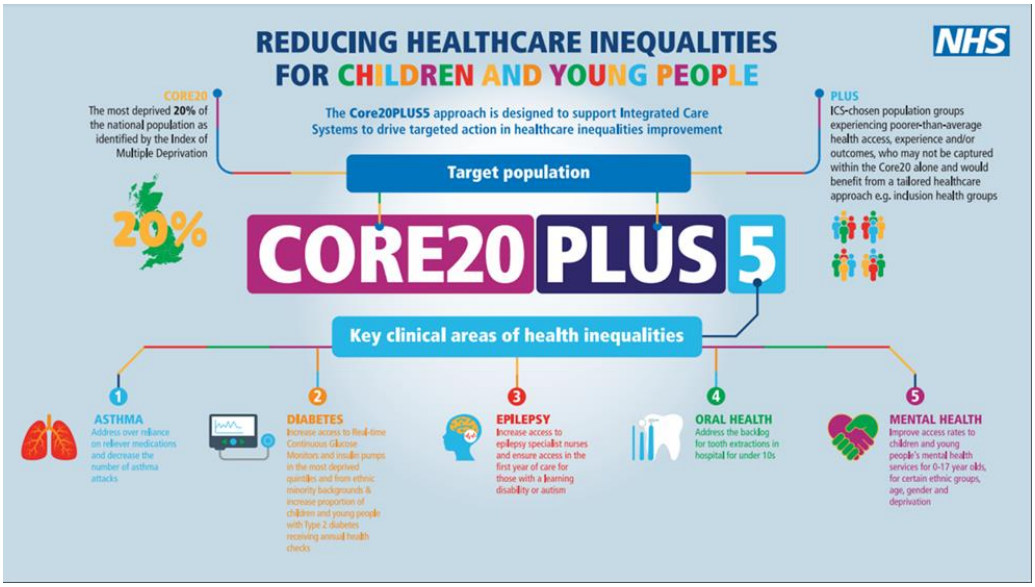

Figure 2: *Reducing Healthcare Inequalities - CORE20PLUS5 (CYP)*

CORE20PLUS5 sets out the population focus (the CORE20PLUS), as well as clinical areas for action on healthcare inequalities. The 'Core20' population is the most deprived 20% of areas of England as defined by the Index of Multiple Deprivation, while PLUS groups are other groups who may experience poorer than average access to, experiences of, or outcomes from NHS services.

Inclusion health groups are therefore a priority group, and we are calling for all parts of the LLR system to drive efforts to improve healthcare provision for this group in our ambition to improve health equity. People in inclusion health groups include:

- People who experience homelessness
- People with drug and alcohol dependence
- Vulnerable migrants and refugees
- Gypsy, Roma, and Traveller communities
- People in contact with the justice system
- Victims of modern slavery

- Sex workers
- Other marginalised groups.

In LLR, we will adopt the national framework for action on inclusion health to plan, develop and improve services to meet the needs of people in inclusion health groups. This framework focuses on the role that the NHS plays in improving healthcare, and how partnerships across sectors such as housing and the voluntary and community sector play a key role in addressing wider determinants of health.

The framework is based on five principles for action on inclusion health (Figure 3). It is focused on actions to address issues which are common across inclusion health groups.

Figure 4: *Principles for action on inclusion health*

Action to improve health equity happens on a number of levels, system, place and neighbourhood. We work with our local authority partners to support the delivery of health equity improvements highlighted within their Joint Health and Wellbeing Strategies (Place) and Community Health and Wellbeing Plans (Neighbourhood).

Key system-wide interventions are led by the LLR Health and Wellbeing Partnership, with the ICB as a core partner. These interventions are set out below, with more information available in the LLR Health and Wellbeing Partnership Integrated Care Strategy.

LLR System-wide Interventions to improve health equity		
Intervention [From the LLR Integrated Care Strategy]	**Delivery aim**	**Timeline**
Apply our Health Inequalities Framework principles across our three Places	Improved health equity An increase in healthy life expectancy A reduction in premature mortality A workforce that is representative of the local population	As part of continuous Improvement Cycle for the lifetime of this plan
Make investment decisions across LLR that reflect the needs of different communities		Commenced in 2021 with LLR Primary Care Funding model. Reviewed in 2023 and embedded in ICB funding and investment plans for 2024/25
Establish a defined resource to review health inequalities across LLR		Health Inequalities Support Unit established in January 2023 – mature by 2025/26
Ensure people making decisions have expertise of health inequity and how to reduce it		First wave of LLR Health Inequalities Champions training programme March 2023. Recurrent programme in place by April 2025.
Improve data quality and use to enable a better understanding of and reduce health inequity		LLR Business Intelligence function to be established. This will define and improve data quality and completeness.
Health equity audits will inform all commissioning or service design decisions		Governance requirement during the life of this programme.
Staff will be trained to understand and champion approaches to reducing health inequalities.		Via Health Inequalities Champions Training programme & mandatory train8ing (Oliver McGowan Training)

As we enter 2024/25, we have already made significant progress and there is much to be proud of. For example, some recent key highlights include;

- LLR ICB approved the continuation of £2.9m additional discretionary investment in LLR Primary Care addressing historical underfunding of practices serving the most deprived populations
- Additional health inequality focussed investments (ACT, Health Inequalities Hub) are currently under consideration as per 2024/25 planning
- Successful bid by Leicestershire Public Health for £5m for health inequalities research
- Launch of the UHL Prevention Strategy
- Health Inequalities Support Unit (HISU) has completed a deep dive into patients diagnosed with SMI and Cancer, resulting in key actions to improve health equity for these patients
- Leicestershire Partnership Trust (LPT) Healthcare Group launched the Together Against Racism programme which sees both organisations (LPT and NHFT) focus on 3 distinct areas: Patients and carers; communities and our workforce. A copy of the Together Against Racism document can be found here:Together-against-Racism-A4-Booklet_digital.pdf (leicspart.nhs.uk)

- UHL Health Equality Partnership launched Feb 2024 - working with c40 community organisations across a range of protected characteristics to join up action on health inequalities in UHL and ensure that change and improvement are co-designed and co-delivered
- Production of the ICBs EDI Annual Report (compliance with the Equality Act 2010, Public Sector Equality Duty and NHS Mandated Standards) demonstrating how we address health inequalities in everyday work with communities, staff and stakeholders. Published April 2024
- Workstreams established to tackle health inequalities in CYP as per Core20Plus5 CYP framework – Q1 2024/25 focus will be on Oral Health
- A system wide Women's Partnership and Operational Delivery Group has been set up to drive the work from the Women's Health Strategy. This includes the delivery of women's health hubs across LLR in 2024/25
- The publication of our LLR Digital Strategy and specific actions to mitigate against digital exclusion
- Work has commenced in partnership with our Commissioning Support Unit (CSU) colleagues to ensure we can collect, analyse, report and publish health inequalities data as per the requirements of NHSEs statement on information on health inequalities
- Investment through the Leicester City Better Care Fund (BCF) to address health inequalities, in areas such as, mental health, interventions for hoarding, services for homelessness, population case mix adjustment, to enable proportionate allocation of NHS funds and services for those with hearing loss and sight loss

The LLR ICS/ICB is aligned to the national vision of 'exceptional quality healthcare for all, through equitable access, excellent experience, and optimal outcomes. Health inequalities exist on a gradient throughout populations, and we are committed to using a proportionately universal approach to reduce inequity wherever it exists across LLR.

Pledge 2 – The NHS Long Term Plan for prevention highlights some key areas of focus to include reducing smoking, obesity, alcohol intake, tuberculosis (TB) and air quality.

Tobacco control/smoking cessation

Smoking is a leading cause of preventable ill health and premature death and, with around 56,000 smokers in Leicester and around 60,000 smokers in Leicestershire, the need to make smoke-free the norm is as great as ever. Whilst the negative impacts of smoking on our health and wellbeing are well known, and the reasons why people take up smoking and continue to smoke are complex, tobacco use continues to be a fundamental factor of the deep-rooted health inequalities that we want to tackle.

Whilst tobacco use is declining both nationally and locally, the proportion of the adult population using e-cigarettes has increased. Smoking is increasingly confined to the poorest communities, thus widening health inequalities. The difference in life expectancy between smokers and non-smokers (irrespective of wealth) is approximately 10 years. The poorest in our society, and therefore the least able to afford to smoke, represent the greatest proportion of the smoking population.

To achieve the vision of a smoke-free Leicester/shire by 2030, we know we will need to be innovative and ambitious in our approach to ensure we deliver meaningful change. However, we are not starting from the beginning; we have made significant progress that

has seen our smoking prevalence drop year on year. It is now about how we can continue to build on the strong foundations we already have in place.

There is plenty to be proud of. Smoking rates have significantly dropped below the regional average for both Leicester and Leicestershire. In Leicester, smoking prevalence has decreased by 2.3% since 2020. Leicestershire smoking prevalence is 11% and also on the decline. LLR have launched our in-patient tobacco dependency service across three UHL hospital sites. We continue to excel in the field of smoking cessation through our integrated lifestyle services, Live Well and Quite Ready, and recognise the importance of providing remote support as a response to COVID-19.

The joint city/county Tobacco Control Alliance exists to ensure that no opportunity to reduce tobacco-related harm in LLR is missed. The Tobacco Control Alliance will also oversee performance and regularly monitor progress.

Our work will be delivered to the regional East Midlands Tobacco Control Group to ensure local ambitions align with the regional vision and opportunities for joint working are explored. This will involve working with a range of key partners including but not limited to: Leicester City Council, Leicestershire County Council, Rutland County Council, University Hospitals Leicester (UHL), Leicestershire Partnership NHS Trust (LPT), Leicestershire Fire and Rescue Service, Leicestershire Police, Office of Health Improvement and Disparities (OHID), Trading Standards, public safety team, housing departments, corporate parenting partnerships, the University of Leicester, De Montfort University, children, young people and family centres, family hubs, the voluntary sector, local businesses, schools, and local media.

Whilst many positive achievements have contributed to year-on-year reductions in prevalence, there is still a long journey ahead to achieve national ambitions. Across LLR, we will need to be ambitious, innovative and unified in our approach. The key priorities locally will therefore be:

- Partnership working to address tobacco control across LLR
- Achieving a smoke-free generation – when the number of smokers in the population reaches 5% or less
- Smoke-free pregnancy for all
- Reducing the inequality gap for those with mental ill health
- Deliver consistent messaging on the harms of tobacco across the system
- Continue to improve the quality of our services and understand impact through data collection.

Obesity/Weight Management

Overweight and obesity is not evenly distributed across the population, it is more prevalent in the least advantaged areas for reasons of lower income, poorer health literacy, reduced access to healthy foods and an obesogenic environment.

Overweight and obesity is arguably the key medium-to-long-term prevention challenge for LLR ICB. 64% of Leicestershire residents, 55% of Leicester residents and 65% of Rutland residents are either overweight or obese. Obesity significantly increases the risk of developing one or more of a range of other illnesses from diabetes to cancer and various forms of cardiovascular disease. In 2023/24 half of LLR PCNs named support for weight management as one of their priorities.

In March 2024, the ICB, in partnership with UHL, The Leicester Diabetes Centre, Public Health, and LPT Dietetics Service, completed phase one of an ICB-funded project to test a system-wide Tier 3 weight management model with the recruitment of 580 patients in total and 186 from Leicester (29%). In 2024/25 these patients will access a multi-disciplinary assessment and referral to a range of possible interventions including psychological support, a supervised Very Low Energy Diet (VLED), injectable therapy, medical management of co-morbidities, and a structured exercise programme. The Tier 3 Steering Group is going to lead a system-wide review in 2024/25 of the range of commissioned offers across all Tiers with a view to reporting to the newly-formed System Professional Senate, and the LLR Health and Wellbeing Partnership on the challenges in the system and proposing ways in which the collective LLR pound can be most effectively invested to give the most equitable outcomes in overweight and obesity at neighbourhood, place, and system level.

For those with morbid obesity, the Medicines Optimisation Team will be working with practices to ensure equitable access to new injectable therapies, but also to ensure that these patients are able to access, at locations closest to home, the multi-disciplinary support required as essential adjuncts to pharmaceutical therapy.

We will continue to work with the VCSE sector through our VCSE Framework to ensure that culturally competent relationships between NHS services and lower Tier weight management offers are developed so that more people from the CORE20 and PLUS groups are offered access to support that works for them.

In 2023/24 LLR delivered 122% of its target of eligible referrals to the Digital Weight management programme, whilst meeting its target of referrals from more deprived deciles of the IMD. This was the best performance of any Midlands ICB and the fourth best in the country. In 2024/25, we have been allocated an increased number of referrals by NHSE. We will use this allowance to the full as part of a mixed medium suite of offers across all Tiers. We are conscious that digital exclusion is a danger and will be working with practices to ensure that pathways to accessing face-to-face culturally competent support remain at the centre of our approach in more deprived neighbourhoods for the moment.

The National Diabetes Prevention Programme, and the NHS Type 2 Diabetes Path to Remission will continue to offer structured support for those eligible patients. The main challenge facing the system will be how to resource a Tier 3 offer at some scale. We will be working with NHSE on how best to equitably phase in access to the latest pharmaceutical therapies as part of such an offer.

Alcohol Care Team (ACT)

Alcohol-related harm is a one of the key components of LLR ICB's implementation of the NHS's prevention programme as laid out in the NHS Long Term Plan in 2019. The ICB works with Local Authority Public Health system partners and with partners in the VCSE and NHS providers on primary prevention/health promotion on alcohol misuse – hosting and links to resources on staff wellbeing platforms, and facilitating health promotion offers for PCNs, and community events.

Alcohol-related harm is also a key health inequalities issue in LLR. Alcohol harm affects deprived communities more. There are substantial differences in the health consequences of alcohol use between affluent and deprived communities, despite similar levels of

consumption, this is known as the 'Alcohol Harm Paradox'. Less affluent moderate drinkers have been found to be at a higher risk of harm than more affluent heavy drinkers.

In England the most deprived suffer twice the mortality due to alcohol-specific causes; and are up to twice as likely to be to be admitted to hospital because of alcohol or alcohol-related conditions than people from the most affluent areas. (See for example drinking-behaviours-and-the-alcohol-harm-paradox.pdf (Drinkware.co.uk).

The main component of the ICB's work on the alcohol agenda is via the commissioning of the Alcohol Care Team (ACT) at the University Hospitals of Leicester. This is achieved with the financial support of the NHSE Programme funding which has been available from 2021 to the present to establish such a service. In LLR the service is a partnership between the ICB, Public Health, UHL, and Turning Point. The service is now fully recruited – a skill-mixed team comprising of nurses, Turning Point Alcohol Practitioners, Specialist Medical support. The ACT is integrated within the Emergency Department (ED) at Leicester Royal Infirmary and sees patients both in the ED, and those admitted to inpatient settings.

There is an effective referral pathway between ACT and the community-based recovery programmes such as those offered by Turning Point. During 2023/24, referrals into the ACT increased from approximately 100/month to approximately 350/month. The service moved to a seven-day offer in March 2024. Data suggests that there are between 450 and 600 alcohol-related admissions per month to UHL. The main goals for the ACT service in 2024/25 are:

- Securing ICB funding to continue the service as NHSE funding is reduced. A business case for funding has recently been approved by the ICB
- Working more closely with Inclusion Healthcare (providers of specialist primary care for those who are homeless), with the Changing Futures Team at Leicester City Council who case manages small numbers of people with multiple disadvantages including homelessness, and with The Falcon Centre in Loughborough (also providing support to homeless people in that area)
- Ensure that the ACT plays a promotional role in the national campaign work to eliminate Hepatitis C by 2030 and TB by 2025 by creating links between the ACT and the Hepatitis C Trust, and the Latent TB screening programme
- Driving up referrals from ACT to tobacco dependency offers both in the hospital and in the community and support for other commonly co-occurring needs such as debt, housing, relationship issues, justice system navigation (harnessing the power of Making Every Contact Count)
- Ensuring our ACT service is culturally competent. Anecdotally there is hidden drinking within Leicester with some communities hiding their drinking as it is not seen as culturally or religiously acceptable. We will be working with ACT colleagues to ensure they are capable of raising the issues in a sensitive way and creating pathways where people can feel safe and accepted.

Tuberculosis (TB)

The ICB is fully committed to playing its part in delivering the UK's commitment to the WHO to eliminate TB by 2035. Although Leicestershire has always had a lower than England and Midlands average rate of TB (a recent rate of 4.5 per 100,000 population, against a national average rate of 7.7 per 100,000 for example), Leicester has always had a much higher than England and Midlands rate. This reflects Leicester's very different demographics.

The rate in Leicester ranges over recent years around 40 per 100,000 population. The ICB, Public Health departments, and the UKHSA will be intensifying their joint work to reduce the rates of TB, especially in the city, in 2024/25. A joint workshop with participation from the UKHSA, Public Health, the ICB, clinical experts from UHL, LPT CHS, took place in April 2024 to review the current position and agree an approach to reduce the rates, improve effective treatment uptake and prevent future disease. The workshop drew upon the structured approach laid out in the Governments TB Action Plan for England - https://www.gov.uk/government/publications/tuberculosis-tb-action-plan-for-england and using the following headers;

- **Prevent:** including returning travelers, LTBI screening, BCG vaccination.
- **Detect:** including addressing patient delay in treatment, monitoring and reducing transmission.
- **Control:** including treatment and care.
- **Workforce:** including developing and maintaining the TB workforce, reviewing current services against national specification, safe workloads.

The approach will be developed in collaboration with key stakeholders from the high-risk and at-risk populations, and with other partners such as the voluntary and community sector, primary care, and employers in high-prevalence parts of the city.

Run rates for reductions in infections, more timely access to treatments, an increase in successful completion of treatment, the numbers accessing screening etc, will be agreed in the follow-up to the workshop and a multi-component action plan implemented and monitored over 2024/25 and beyond by a joint group in which the ICB will play a central role alongside Public Health, and NHS providers. We intend to make the strongest possible impact from the start of the delivery period and recognise that it is likely to take several years before substantial improvements are seen and sustained.

Governance

The LLR ICB Health Equity Committee has been established to provide the ICB with assurance that it is delivering its statutory functions in relation to reducing healthcare inequalities and making decisions to enable inclusion, improve overall health outcomes for patients and service users, and reduce unwarranted health inequity.

The Committee exists to scrutinise the robustness of, and gain and provide assurance to the ICB, that there is an effective and sustainable system of monitoring our progress in reducing health inequalities that supports effective delivery of the ICB's strategic objectives and provides sustainable, high-quality care. The Committee is chaired by a Non-Executive Member and meet at agreed intervals during the year. The Committee provides regular assurance updates to the ICB Board in relation to activities and items within its remit.

The Public Health and Health Integration Scrutiny Commission are invited to:

- Receive for information and discussion

4. Financial, legal, equalities, climate emergency and other implications

4.1 Financial Implications

N/A

4.2 Legal Implications

N/A

4.3 Equalities Implications

N/A

4.4 Climate Emergency Implications

N/A

4.5 Other Implications

N/A

5. Background information and other papers:
See hyperlinks within the body of the main report

6. Summary of appendices:
PowerPoint slide – Our pledges to the local people – Five year forward plan: Pledges 1 & 2